Registration No:L00692Registration Status:CompletedRegistration Name:Kessler, Alan CLobbying Commenced:02/26/2007Acronym:Date Filed:03/05/2007Phone#:215-979-1117 Ext.Last Renewed:12/17/2018

Fax#: Email: akessler@dmgs.com

Authorized Representative's Name: Amy Kaminski

Authorized Representative's Email: amy@mulberrypa.com

**Registration Period:** 2019-2020

Address: 30 South 17th Street

9th Floor

City: Philadelphia State: PA Zip: 19103

Are you a licensed attorney? Yes
Are you licensed in PA? Yes

# Photograph(s):



### Principal(s):

Name	RegistrationNum	Affiliated Start Date	Affiliated End Date
The Children's Hospital of Philadelphia	P00263	1/1/2007 12:00:00 AM	
American Airlines	P04311	1/1/2007 12:00:00 AM	
CROZER - KEYSTONE HEALTH SYSTEM	P01946	3/26/2007 12:00:00 AM	12/31/2016 12:00:00 AM
OUTFRONT Media	P38113	11/1/2012 12:00:00 AM	
Unisys Corporation	P00133	1/14/2015 12:00:00 AM	
Prospect Medical		3/1/2016 12:00:00 AM	12/31/2017 12:00:00 AM
Prospect Medical Holdings, Inc.	P43278	1/1/2018 12:00:00 AM	
Camelot Global Services North America	P57489	11/30/2018 12:00:00 AM	

# Lobbying Firm(s):

DUANE MORRIS LLP F35268 5/1/2012 12:00:00 AM

Political Action Committee(s):

Name Acronym Affiliated Start Date Affiliated End Date

Duane Morris Government 6/24/2010 12:00:00 AM

Committee LLP PAC

#### Candidate Political Committee(s):

Name Acronym Affiliated Start Date Affiliated End Date

#### FILER AFFIRMATION:

By signing my name below, I acknowledge that I have actual knowledge of the contents of this form except to the extent noted on the "Lobbyist or Lobbying Firm Statement of Limited Knowledge," if any, and that I have received, read and understand the requirements of Act 134 of 2006 relating to lobbying disclosure. I also consent to receive service of notices, other official mailings or process at the address, email or facsimile listed on this form. To the best of my knowledge at all times relevant to the above reporting period, I have been in compliance with 65 Pa. C.S § 1307-A(d) (relating to conflicts of interest). I affirm that the information set forth above and in all attachments is true, correct and complete to the best of my knowledge, information and belief, and that affirmation is being made subject to 18 Pa.C.S. § 4904(unsworn falsification to authorities).

First Name: Amy MI:

Last Name: Kaminski Suffix:

Title: Principal

**Business name of Preparer:** Amy Kaminski

**Phone Number:** 4125120302 Ext.

Email Address: amy@mulberrypa.com

**Date:** 12/17/2018